

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

**10/551907**

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 3 <sup>RD</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	3		1			
6	9		1			
7	9		1			
8	1		1			
9						
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
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25			1			
26			1			
27			1			
28			1			
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31			1			
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41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	1		1			
TOTAL DEP.	26	◀	16	◀	◀	◀
TOTAL CLAIMS	27		17			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 3 <sup>RD</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		◀		◀	◀	◀
TOTAL CLAIMS						